

# Thrombotic Events Act As a Critical Factor That Interferes With Cardiovascular Diseases

Brody Beattie\*

Departments of Medicine and Radiology, George Washington University, School of Medicine, Washington, USA

\*Corresponding author: Brody Beattie, Departments of Medicine and Radiology, George Washington University, School of Medicine, Washington, USA, E-mail: beattiebr44@gmail.com

**Received date:** October 18, 2022, Manuscript No. IPJMRHE-22-15149; **Editor assigned date:** October 20, 2022, PreQC No. IPJMRHE-22-15149 (PQ); **Reviewed date:** October 31, 2022, QC No. IPJMRHE-22-15149; **Revised date:** November 09, 2022, Manuscript No. IPJMRHE-22-15149 (R); **Published date:** November 18, 2022, DOI: 10.36648/2393-8862.6.5.21

**Citation:** Beattie B (2022) Thrombotic Events Act As a Critical Factor That Interferes With Cardiovascular Diseases. J Med Res Health Educ Vol. 6 No. 5:21

## Description

The need for innovative and effective virtual care systems is now more important than ever as cardiovascular care centers around the world struggle to keep up with an aging population with complex medical needs, the requirement for physical separation, and limited hospital resources redirected to the acute management of COVID-19. Social Robots (SRs) are artificial agents that have social and emotional intelligence and can be physically embodied in a variety of ways. They can have features that are similar to those of humans or animals. Patients who have limited access to health care or home support services, who are reluctant to make onsite hospital visits, or who require frequent follow-ups with health care providers can have SRs programmed to serve as a social companion and medical assistant. The acceptability of such technologies from the perspectives of cardiovascular health care providers is not yet known, despite the fact that there are numerous possibilities for facilitating virtual care in cardiovascular medicine and their increasing use in gerontological services. Perioperative mortality and morbidity are primarily caused by adverse cardiovascular events. There is a wide range of definitions for perioperative cardiovascular adverse events. This study was part of the international Standardized Endpoints in Perioperative Medicine initiative. Its goal was to reach a consensus among clinical trialists on a set of valid, standardized cardiovascular outcomes that could be used in subsequent perioperative clinical trials. Social media platforms like Twitter have been used by cardiology professionals to learn about new research, network with experts, voice their opinions, and participate in scientific debates.

## Symptomatic Tests

It is a formidable force and voice due to the capacity of social media to communicate openly, with global reach, and at a rate that is faster than ever before. However, there is a lack of consensus among all parties regarding the best way to advance this emerging digital frontier due to the ever-evolving use by individuals and institutions. As a result, the goal of this paper is to: 1) explain the fundamentals of using social media, with an emphasis on Twitter; 2) offer an insight into the most effective

social media practices in clinical and academic cardiovascular medicine; and 3, present a vision for the relationship between cardiovascular medicine's future and social media. The first of their kind, the American Heart Association/American College of Cardiology/American College of Chest Physicians/Society of Academic Emergency Medicine/Society of Cardiovascular Computed Tomography/Society of Cardiovascular Magnetic Resonance guidelines for the evaluation and diagnosis of chest pain are the first of their kind. These guidelines are broader than those for stable ischemic chest pain and acute coronary syndromes and include the evaluation of chest pain as a presenting complaint in a variety of settings. The rules exploit the expanding collection of proof by assessing the exactness of different symptomatic tests as well as their productivity, cost-variability, and effect on understanding results to give a nuanced perspective on the job of testing in various situations. This includes taking into account scenarios in which testing might not be necessary at all. Additionally, the guidelines emphasize the significance of taking into account the preferences of the patient when making decisions. Adults are frequently affected by cardiovascular disease, which has a significant impact on both mortality and morbidity.

Providers of care for patients with cardiovascular disease must be familiar with these treatments due to the growing body of evidence supporting its use in cardiology. However, it might be challenging for providers to adequately discuss these treatments during a typical office visit. The authors review some clinically relevant and helpful research regarding the incorporation of integrative medicine in the prevention of cardiovascular disease using a case-based, question-and-answer format. Irreconcilable circumstances are normal and significant in cardiovascular medication. Although conflicts between financial considerations, fame, promotion, etc. are not always the result of COIs, posing a threat to important interests like objectivity, integrity, patient safety, and cost-cutting. Universities, funding and regulatory agencies, journal editors, providers of continuing medical education, and professional societies all use a variety of disclosure, limitation, and elimination strategies to manage COIs. This paper discusses the advantages and drawbacks of each of these strategies. In cardiovascular medicine, there is no "gold standard" for dealing

with Conflicts Of Interest (COIs), but it will be important to keep valuable interests and public trust in the cardiovascular profession intact if we are to manage COIs that cannot be avoided. The Neutrophil-to-Lymphocyte Ratio (NLR), which can be a sign of BPV, can increase inflammation, which can lead to cardiovascular disease. The purpose of this study was to investigate the NLR and BPV prognostic values.

## Antithrombotic Pathways

Antithrombotic herbal medicines have long been a source of controversy due to the critical role that thrombotic events play in the development of cardiovascular diseases. Despite disagreements regarding their clinical application, all parties concur that herbal products have been widely used in traditional medicine and pose a serious threat due to their potential interactions with pharmaceuticals. Using the most widely used herbal pair, Danshen-Chuanxiong (DS-CX), as an example, the purpose of this study is to discover additional scientific evidence regarding their potential herb-drug interactions and to investigate how antithrombotic herbal medicines interact with Western cardiovascular drugs on a molecular level. As an analytical approach to a complex system, Network Pharmacology (NP) is used to visualize and compare the target profiles of Western cardiovascular drugs and DS-CX drugs. This can be used to predict common herb-drug targets and create a solid context for discussing herb-drug interactions. *In vivo* zebra fish models are used to evaluate the overall pharmacological efficacy of herbal pairs in specific combination ratios, while *in vitro* assays validate these interactions further. The study found that DS could interact directly with Western cardiovascular drug targets that are relevant to antithrombotic pathways (thrombin, coagulation factor Xa, and cyclooxygenase 1), whereas CX could

not interact directly but can synergistically affect antithrombotic effects when combined with DS in particular ratios. In addition, it has been suggested that a complicated mechanism known as "Neuro-Immune Metabolism/endocrine" (NIM) enables DS-CX to generate a wide range of biological functions, which in turn can result in numerous interactions—direct and indirect—with Western cardiovascular medications. From a clinical perspective, interactions between herbs and drugs should be carefully monitored, particularly when multiple herbs are used simultaneously. The absence of trustworthy disease models that accurately replicate the human pathogenesis frequently stymies cardiovascular research. Both *in vitro* models, such as cell-based cultures, and *in vivo* animal models, which are always constrained to simulate the complexity of cardiovascular disease in humans, are subject to these limitations. Utilizing human heart tissue for cardiovascular research enhances our preclinical model-based research strategy. The Human Explanted Heart Program, which combines clinical, tissue, and molecular phenotyping to provide a comprehensive assessment of human heart disease, was established by us. They are able to retain important pathogenic findings and gain novel insights into human heart failure thanks to our collection and storage of bio specimens. A useful comparison group for the diseased explanted hearts is provided by using human non-failing control hearts. We were able to create a tissue repository with the help of HELP, which was used for genetic, molecular, cellular, and histological research. This review highlights the significance of explanted human heart specimens in translational research and describes how they are collected and used for a variety of pediatric and adult heart diseases. In addition, we emphasize the effective methods of procurement and bio preservation that guarantee the analytical quality of heart specimens obtained through heart donation and transplantation.